| | | | | | | Application or Docket Number | | | | | | | | | |
|--------------|---|-----------------------------------|--------------|--------------------------|---------------------------------------|--------------------------------------|------------------|-------------|---------------------|-----|------------------------|----------------|----------------------------|------------------------|--|
| | PATENT A | | | ON FEE D | D | <u>(</u> | 8/14 | 7 | 712 | / | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | 0/1/ | / | OTHER T | 'HAN | |
| | | U | | AS FILED - (Column 1) | PAHI | | lumn 2) | | SMALL ENTITY | | ENTITY | OR | SMALL E | | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RAT | Ε | FEE | | RATE | FEE | |
| | C FEE | | | | | | | | | | \$355.00 | OR | | \$710.00 | |
| TOTAL CLAIMS | | | | 7 minu | us 20 = | s 20 = * | |]] | x\$11 | = | | OR | x\$22= | | |
| INDE | PENDENT CLA | IMS | | | nus 3 = | • | <u>→</u> | 7 | | = | | OR | x 74= | | |
| MU | JLTIPLE DEPEN | IDENT CL | AIM PR | ESENT | | | ノ | | +115 | ;= | | OR | +230= | | |
| ★ If the | e difference in colu | ımn 1 is less | s then zer | o, enter "0" in (| column 2 | 2 | | • . | TOT | AL | 353 | OR | TOTAL | | |
| | | (Columr | | S AS AME | | D - PART II olumn 2) | (Column 3) | | SMALL ENTITY | | | OR | OTHER THAN SMALL ENTITY | | |
| ENT A | | CLAIN REMAIN AFTE AMENDI | ning Er | | NU PRE | GHEST UMBER VIOUSLY ND FOR | PRESENT EXTRA | | RAT | Ē | ADDI- TIONAL FEE | OR OR OR | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | * | | Minus | ** | | = | 11 | x\$11 | - | | | x\$22= | | |
| IME | Independent | * | | Minus | *** | | = | $\ \ $ | x 37 | = | | | x 74= | | |
| | FIRST PRES | SENTATIC | ON OF N | MULTIPLE DE | PENDI | ENT CLAIM | | | + 115 | j= | | OR | +230= | | |
| | | (Columr | ın 1) | | (Cc | olumn 2) | (Column 3) | AD | TOTA DIT. FE | | | OR | TOTAL DDIT. FEE | | |
| MENT B | | CLAIN REMAIN AFTE AMENDI | NING ER | | NU PRE | GHEST UMBER VIOUSLY AID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | | Minus | ** | | = | 11 | x\$11 | =] | | OR OR OR | x\$22= | | |
| AMEND | Independent | * | | Minus | *** | | = | \parallel | x 37 | = | | | x 74= | | |
| (| FIRST PRE | SENTATIC | ON OF N | MULTIPLE DE | EPENDI | ENT CLAIM | |][| + 115: | = | | OR | + 230= | | |
| | | (Columr | ın 1) | | (Cc | olumn 2) | (Column 3) | A | TOTAL ADDIT. FEE | | | OR | OR TOTAL ADDIT. FEE | | |
| AMENDMENT C | | CLAIN REMAIN AFTE AMENDI | NING ER | | NU PRE | GHEST UMBER VIOUSLY VID FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NDA | Total | * | | Minus | ** | | = |] | x\$11= | | | OR OR | x\$22= | | |
| AME | Independent | * | | Minus | *** | | = | | x 37= | = | | OR | x 74= | | |
| | FIRST PRES |][| +115 | | | OR | +230= | | | | | | | | |
| ** If t | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | | |